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Keynote Presentation Video Transcript
VADM Richard H. Carmona
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RADM Ronald Banks (Regional Health Administrator VI and IX):

He's our 17th Surgeon General. He's a humble person. He came to the job not by advertising for the job. He didn't dispatch someone to Washington to speak to people in Congress or the White House and say I want that job.

He quickly learned that the best friend he'd have in Washington was his dog, but he left his dog home.

Anyway this morning I got the call that I was to introduce him. I started thinking about what I could say to you that was different, and I started thinking about how David of Old was called from the desert when he was a shepherd and he was called by the ultimate Commander in Chief to lead the people, the Israelites.

Well, he was minding his own business like David was minding his own business in the desert, he was in the desert in Arizona and he got the summons from the Commander in Chief. As he tells the story he doesn't know how they got his name or why he was selected, but I'm glad he was selected. Sometimes the right person is chosen at the right time. I think for the nation and I think for the Commission Corps that he was the right person for the right time. Welcome, Sir. We salute you. He has done many great things for the nation continues to do those. He's doing great things to reorder our Corps. One thing teaching our folks how to wear the uniform and what it means to wear the uniform. Thank you, Sir. Welcome.

VADM Richard H. Carmona (Surgeon General):

Thank you very much.

Good morning and Ron thank you so much for that wonderful introduction. You know just in the last evening, you may wonder why I still have that smile on my face. Last night I asked for botox injections so I could relax. I have never taken so many pictures at one time. But it was a way to see all of you so thanks I really appreciate it.

I want to give another thanks to a group of people here that are often unnoticed or do their jobs anonymously. We're a nation at war. Our uniformed services sacrifice much and their families sacrifice much on a daily basis. But our people in uniform sometimes give the ultimate sacrifice and everyday during a time of war they are working to keep us safe and secure some of them overseas. Many of you here in the audience have gone overseas and come back. So I would like

our uniformed officers of the United States of America to please stand and be recognized for your sacrifices.

Thank you.

Well, as Ron said I have learned a lot since being in this job. I didn't see it that way, as the way you posed it. But I guess I was in the desert also wondering and got a higher calling.

Ron mentioned that in fact when I did come to Washington that a very prominent Senator, as I was going through my vetting process, did say to me "Son" and he did say son, so I knew my position right away.

He said "You've heard this before but it's true if you want a friend in Washington you better bring a dog." I said "Yes, sir." I laughed.

A couple of years later, I recognized the Senator was wrong. The reason I have come to realize that when you come to Washington you need to bring two dogs. The reason is that one will turn on you during your tenure.

Now, I have learned a lot about the job also of being Surgeon General. You know as you know my story and where I have come from and as Ron said it was entirely a surprise to me. As you get through that process and finally make it and that aura starts to wear off and now you are in a very important job that has a great deal of responsibility. People attribute a great deal of power and authority to you in this position that you command vast resources. It really ain't so. If you talk to the President he will tell you the same thing. You get things done really by the power of persuasion, the bully pulpit, and alignment of resources and so on. Not by absolute authority of power.

But it's interesting how people have asked me about it a number of times. Well, gee it's so great you must feel wonderful being able to do all of these things and having this great authority and power. And I say well...I never had a right answer. Then I realized there was an analogy. I said you know what the Surgeon General's job is a lot like a cemetery caretaker. People would say "what do you mean?" There's a lot of people under me but nobody's listening.

As always happens the uniforms everybody thinks look pretty cool, but as our guys will tell you hear there is almost never a time when I show up at a hotel in uniform that some little old lady doesn't ask me for reservations, directions, or helping with baggage.

It's one of the hazards of wearing the uniform.

The other part that's interesting about being Surgeon General is that I come to see the job as people looking at you like a priest. Almost anytime I show up any place if I sit down for a meal with anybody if I'm in a corridor speaking to people invariably people will start lining up and saying, you know I'm really trying to stop smoking, and I only smoke one a day.

Or as happened to me at the White House at the mess, we were having a meeting. It's a very small mess. There are only about eight or ten tables in there and most of the national leadership will come in and out. I sat with a group of our senior leaders for this supposedly informal meeting. Everybody had a menu and the Navy runs the mess, so a Navy chief was there.

Everyone is looking at the menus and I say well I'm not ready so you guys go ahead. Some of them were uniformed officers and some were civilians. They said "Oh, no Sir. We will wait for you." So I ordered and what I usually have for breakfast just because it's my habit is a bowl of oatmeal and some cereal. And everybody started frowning as soon as I ordered. Right as I ordered behind me came the Vice President, the Chief of Staff of the Army, a few other seniors, and the Joint Chief's chairman. The VP stops looks over my shoulder and says "Who let him in here for breakfast." So everyone was afraid to order bacon and eggs and so on.

And often I feel like a priest because its as if people come to me and start extemporaneously telling me their health sins and I feel like I have to give them penance like ten Hail Mary's or something like that.

So the job has been unique in a lot of those ways.

Last but not least I remember as I made it through that pipeline and as you've heard as I moved through the pipeline to become Surgeon General after the nomination you have to go through the Senate confirmation. I think I've described to many of you before that process I came to see much like a Darwinian process, because you become a public figure overnight. The press is commenting on you and you are implicated in all sorts of crimes nationally and internationally. Your past is exposed and so on. I came to see that process as somewhat of a Darwinian process that you get into that pipeline much like going through basic training, or jump school, or Special Forces training and people get to take shots at you as you go through. In this case, if you come out the other end with vital signs you can get the job.

Then, you get to the White House and this burden of the job starts to really become manifested. Oh my Gosh you're about to become Surgeon General and what do you do.

I think I've told some of you. I remember my first major management decision which was when I was at the White House. The President invited me and the family to come over as he announced that I was going to be his nominee. That first day we were in his office right outside of the green room. He and his staff were briefing me after meeting with the family as to what the rollout was going to be. I don't care even as a trauma surgeon you get a bit nervous when you're hanging with the President and he is giving you instructions. He said okay "Rich this is the way things go. There's a big crowd out in that room. You have all the national and international press. Everybody wants to hear this announcement. They're proud of you etc, etc. I'm going to stand right hear at the door. That speaker up there is going to be some music playing. When you hear the music that's what we call the two minute drill at the White House. The two minute drill means that Secret Service will start to come in." The Marine band starts playing Hail to the Chief and he looks at me and says, "Now that's for me and not for you." I said, Yes sir. He says, "Now I'm going to stand here you stand right off to my left, Secretary Thompson will be there," and he gave the lay out of where everybody is going to be. "The door will open and as the door

opens we're going to step out and make a right turn. We're going to go in the room and the Cabinet is going to be there and all these famous people." He said "Well just ignore them." He said "Follow me up to the front. I'm going to say some words, you're going to say some words, and then we're out of here." I said, "Yes Mr. President." As he stood in front of me and the two minute drill starts. I remember standing there nervously right behind him looking down and I see he has cuffed pants on. The cuff on his pants well I guess the thread had come a part and was stuck under his heel. So I am about three or four feet from the President. I'm thinking what do I do, so I impulsively lean forward. The Secret Service guy started moving toward me real quick. I grab his cuff and say "Mr. President let me fix this for you." Secretary Thompson looks over and says "Carmona you're going to do real well in this administration." So that was my first successful management challenge.

Well, we've come a long way. The Medical Reserve Corps began as a concept and it's now a movement and probably even some adjective greater than a movement. It really has taken on a life of its own. It truly is a testament to the ingenuity the spirit of Americanism and volunteerism. People said it couldn't be done and you've demonstrated it can be done. As Admiral Banks said, the President came up with the idea of Citizen Corps and Freedom Corps and you got all of these little divisions and the Medical Reserve Corps was sent over to the Surgeon General's Office. Nobody could have anticipated the huge success that we have appreciated and it really isn't because of Rob Tosatto's leadership, or me, or Admiral Banks. It's really all of you and your passion and your commitment. It really shows what Americans are all about.

I always look forward to this conference, because I get to see a lot of my old friends having come up through the world of EMS and Emergency Management. As you know I've been a paramedic, a nurse, a medic in the service and Special Forces, and a PA. So my whole life has been kind of involved in pre-hospital care and response and emergency care and emergency management. Many of you have intersected with my life personally over the last several decades and it's always a joy to be able to see you once again, because I don't get to see many of you too often. Now I live in a different world and the FIO2 is a bit thinner then the air you're breathing, so it's a bit different.

I also look forward to not only seeing you, but it's the only time that most of the leadership here can get together and I can say personally my thanks.

My profound thanks for all that you've done to bring this organization together at a time when probably it was never ever more needed by a country that was struggling through many challenges.

We are a better and stronger nation because of the Medical Reserve Corps, and that's because of each and every one of your commitment and your passion.

In our first year we had 42 units. Now we have 420 as of last night with over 75,000 members. That's extraordinary.

I don't think there is any unit in the history in this country that has managed in a very few years to increase its size and presence ten times in such a short time. It's truly extraordinary and we continue to grow.

Each Medical Reserve Corps is unique it responds to the challenges of its community on a daily basis. It meets the unmet public health needs of its community. Yet, what they have in common is being part of a national team that can form a seamless response system that can provide surge when needed. But everyday like so many other public health practitioners are absorbed into their community anonymously and pretty much do as we jokingly say the Lord's work. Just taking care of the needs of all Americans but as defined by those communities and that is really the beauty of this program. It is community owned and community driven with some technical expertise, with some oversight, with some assistance from us who have the privilege to serve at the federal government level. But we recognize that the power of this organization is in each and every one of you and each and every of the communities that you come from.

Each and every one of you and collectively your teams are ambassadors of Public Health. Not just in the United States but in case you weren't aware we have inquiries on a regular basis from foreign countries: Canada, Italy, France, and the Americas South and Central America. As I travel people ask me, what about these MRCs, how do you do that, can we do that in our countries, can you send us information.

And of course I'm smart enough to say call Commander Tosatto.

Because he gets the calls in, so now he's becoming an international expert. But I'll make a few remarks about that a little bit later as I'm closing, but I don't think the importance of this globalness can be overemphasized. This is truly extraordinary, because there are some tangential benefits of this that I will make some comments on in just a minute.

But this is a model that has emerged very quickly has grown become recognized in so many communities around the country. It continues to grow. It's really unstoppable, and that's good. What we're finding is now the rest of the world is interested in what we're doing.

Let's look at some recent accomplishments.

Certainly the hurricane responses of the year past. 6,000 volunteers at local participated in response and recovery. They provided shelters, immunizations, medical support, backfilled positions, and just about anything else that was needed as all of our MRCs do.

Lives were saved and changed because of each and every one of you and your peers who responded to the call of a nation in need.

Over 1,500 MRC members asked to be deployed, and as you know when we first started MRC it was we wanted them to be local units. We had no vision of deployment, but what we found was in a time when the nation had extraordinary needs everybody said I can do that I don't have to stay here just in my community. I can take my skills and go help.

So we were challenged those first days of the hurricane response with how can we do that, and 'can we do it,' 'Is it legal.' And of course sometimes the bureaucracy slows you down. But each and every one of you as well as our leadership figured out a way to get around that bureaucracy and we made it happen. And what we had happen was that 25 MRCs with over 200 volunteers were deployed by HHS and 80 MRCs contributed over 400 volunteers to the Red Cross. That's pretty extraordinary and that was all done within a few days of some very hard work by some innovative and entrepreneurial thinkers who figured out a way to get around some of the barriers that prevented us from doing the right thing for our country.

So you all are to be commended for that because the people of Texas, of Alabama, of Mississippi, of Louisiana all did better because of your commitment, your sacrifice, and your passion, and your willingness to share what you had.

The White House Katrina After Action Report specifically and positively mentions the Medical Reserve Corps. The Homeland Security Council says Medical Reserve Corps are a valuable resource; a resource that must be leveraged *must be leveraged* for the benefit of the country during times of need.

That's pretty extraordinary again for a new unit that's a volunteer unit.

And where other units other organizations received a great deal of criticism because of things they did or didn't do the MRC was held up as a beacon of light, as a shining star, as a wonderful example of Americanism.

The direction was we have to figure out how to better harness this energy, because this is a good thing for the American public.

The Joint Commission on Hospital Accreditation sites MRC in its standards to optimize emergency planning and encourages hospitals working in their communities to make sure that they know about their Medical Reserve Corps and incorporate them into all of their planning. I think that's extraordinary also, because as you know the JACHO is the gold standard for hospital accreditation certification in our country, and they recognize the power and the value that MRC brings to the table. That is also the issue of the MRC role in the Surgeon General's priorities.

And last year I mentioned that when we were in San Francisco, because I humbly asked you all for help, because there is so much out there. As I often jokingly say, when I came to this job as Surgeon General, which is now just about four years ago and aging in dog years, it's a tough tough job. But when I first came to the job, I still had a little of that arrogance of a trauma surgeon. You know what they say about surgeons and Admiral Banks is a surgeon too. If you ask a surgeon to name the best three surgeons they always have trouble naming the other two.

But I remember when I came to town, and I thought okay I'm going to in good surgical fashion or maybe thinking like an ambitious paramedic or even the registered nurse that I was thinking 'I can do these things.' You have this sense now you've got this job that can change the world and I'm going to stamp out disease and famine and pestilence and I'm going to do it in a year or two.

You know and I started thinking well like Ron said, I'm the 17th Surgeon General of the United States; what did those other 16 Surgeon Generals do, how come there is so much left for me.

And I realized that those sixteen were truly extraordinary people. And 5 that are still alive who befriended me, who became my mentors, who assisted me, who prevented me from self destructing in that combat zone we call Washington, D.C. Because I don't care how smart you are, how passionate you are, all the good you want to do, there's a mine field out there that you have to walk through everyday in the Beltway. And we stand on the shoulders of some giants and the people that came before me are truly giants in public health. Their contributions to the health safety and security of the nation will be felt forever. That's the legacy that they have left, but they didn't do it in one piece of legislation. They didn't do it in one speech. They did it incrementally every single day working hard like every one of you to move an agenda forward that benefits the health, safety, and security of the nation.

And so I was fortunate that those Surgeon Generals that are still around five of them befriended me became my mentor, assisted me so that I could move forward without being injured on the job. I joked with the President once I said "You know Mr. President I've been in uniform before, and I've been in combat and been wounded, saw my friends die. I said "But the irony of this job is it's probably the highest risk job I've ever had, and I don't get combat pay."

Well, with that I tempered my enthusiasm recognizing that anything I do is going to be done incrementally that what I have the privilege to do in serving is to create a legacy that's made over years one little bit at a time. And certainly MRC working with all of you and the extraordinary leadership here have provided me that opportunity to contribute to the legacy of improving health safety and security of the nation and now the world. Because as I mentioned earlier this truly is a global position today. Because the fact is the threats the challenges that our nation is experiencing everyday whether they be manmade: terrorism, weapons of mass destruction; or whether they be natural: hurricanes, earthquakes, etc. Whatever the threat is emerging infections.

The fact is those challenges don't recognize the geopolitical borders that we have created. So we have to think outside of those borders. We have to think globally and whether you like it or not. As I am trying to deal with these issues globally and educate the nation as to the importance of why we need to spend time on surveillance for emerging infections from around the world. Why is it important that we are involved in AIDS in Africa, tuberculosis in the Americas? There are a lot of reasons. Many of us who come from the cloth of care would say there is a humanitarian mission, that it's the right thing to do, that we have so much we should share, but if for no other reason one of self preservation. Because if we don't keep track of what is happening in the rest of the world as it moves toward us, that will very much be a part of our disease burden and economic burden.

So there are lots of reasons of why we need to stay involved. There are lots of reasons why we need to recognize that this is truly a global endeavor that we are in.

When I look at the priorities that I've had for the past four years and these are not exclusively mine obviously nor do they limit what I can do, but it's probably where I spend most of my time.

The first is prevention. As I spoke to you last year and I went through this list that I'll just briefly review. I asked for your help as MRC members, individually as MRC teams around the country. Because I recognize more and more everyday that I can get up at this bully pulpit and talk about things. I can help to move policy. But it's really you in the trenches that are going to make these things happen. And so as I look at the first priority being prevention that we are a nation that embraces care much more than we do prevention that most of the disease burden we have in our society today is largely preventable. Most of the economic burden we have in society today is largely preventable. Whether it's the obesity epidemic in our children, whether it's trauma, whether it's any of the other risk cardiovascular disease, cancers. When you just look at that collective disease burden, so much of it is preventable.

And many of you in your communities functioning with your MRCs serve to address those issues on a daily basis, whether it's through immunization programs, general public health assistance. Any and all needs that are unmet in your community as determined by your community leadership you all are filling the gaps to help to make the nation healthier, safer, and secure. There by reducing disease burden, there by reducing the economic burden that's on our society today. If we don't do that, the legacy we leave our children will be unsustainable. We can't afford to go on this trajectory. We're spending about 16% of our gross national product on health care, so it's going to break the bank quite frankly.

The whole debate about the healthcare crisis tends to be about who pays. My input to that is it's the wrong argument, because we all pay. Whether you pay through federal dollars, or state dollars, or a combination of the two, or the city taxes; it really doesn't make a difference. It's still your dollars, and until we figure out a way to reduce the disease burden and thereby reduce the cost we're going to be continuing to add to that disease burden and people will be playing a shell game moving the payer all around the table.

When you think forward, do we want to leave our children a country, a system, a world where maybe they will be spending 20% or 30% of the gross national product on healthcare? Where they will be working most of the year to pay for healthcare?

Where these 9 million children today who are overweight or obese as they come to try and fill the seats that you all are in they won't be able to, because they'll be physically unfit, they'll have diabetes, they'll have hypertension, they'll have premature cardiovascular disease, they'll have unprecedented rates of cancers. So who will be our MRC members of the future? Who will be our soldiers, our sailors, our public health officers, our coast guard people, police, and fire; when we are raising a generation that isn't going to be able to accept that responsibility because they will be physically infirm? It's an extraordinary burden that we are thinking about, but yet you all each and every one of you and your MRCs have the ability to impact this issue of obesity. Not to mention a host of other health and medical issues that are largely preventable and contributes to disease and economic burden in our society.

The second area of course is preparedness and that's pretty much the MRCs came to be, so after prevention preparing our nation. Not only preparing our pre-hospital providers, our health professionals, but how do we prepare 300 million people. What I call my practice, the biggest practice in the world.

I have no gatekeeper; I don't have HMOs to deal with. You know it's pretty straight forward, right? The fact of the matter is that as we move our systems along and they become more complex, as we move forward and we try to set up an infrastructure that makes sense for the challenges before us. What about the people that we have the privilege to serve that don't understand what we are doing? How many people in your communities do you think understand bird flu? Everybody wants to be a chicken expert now. You know? I mean I get more calls about fowl. But next month it will be something else. How many people understand terrorism, or weapons of mass destruction, conventional weapons, unconventional weapons, and so on? The fact is the array of threats and challenges before us are much broader, much more complex than they were when we grew up some of us in the 50s and 60s.

The public knew...(Break in DVD)

Title 2, Chapter 1

VADM Richard H. Carmona (Surgeon General):

The point I'm really trying to make is that back then there was an understanding. Every mom and dad understood what the challenge and the threat was. Every mom and dad had an immediate action drill where if something bad happened they're going to shelter in the house. If you had the means back then, people had bomb shelters. People knew that they went into a basement or a closet. They sequestered food and water and things like that. We didn't have duck tape back then, so we didn't have to worry about that. You know?

But the fact is that was a simpler time and we had an engaged populous. I would submit to you today that the average person doesn't understand the complexity of the threats, doesn't understand they should shelter in place or leave. And part of that is opportunity for you all in your communities to begin to educate the public as to what these challenges are and what is expected of a citizen, what is expected of the family, what is expected of their neighborhood, what is expected of the community at large, the region, the state. How does that all come together? All of those moving pieces, how do they come together.

The MRC could fill a very valuable role as educators in the community working with your EMS and public health officials to make sure that the information gets out to those communities, and that each and every citizen is informed, is committed, is involved, is trained, is organized, and knows exactly what needs to be done when any challenge effects us, including the one that's right at the forefront now that everybody is talking about, the whole issue of H5N1 or avian flu. We see that more broadly. It's emerging infections. It's not just bird flu. As you all notice there are dozens of emerging infections out there we have our eyes on around the world right now. This just happens to be the one that the media is grabbing on to right now. I'm not minimizing the importance but the bigger picture is all hazards preparedness. It's not about being bird flu experts. It's not about being terrorism experts, because each and every one of you as MRC team members responders are all hazards. Because when the balloon goes up, whether it's an infection, whether it's a bomb, whether it's a derailed train, whether it's a terrorist event you all respond the same way. That's the importance.

And you all have that power; you have that knowledge to be able to do that in your communities. The 3rd area after prevention and preparedness is health disparities. And the fact is we are a nation that's still divided by health. We are a nation that has pockets of excellence, but also has pockets that might be called less than excellence.

For those of you, who live in the country, near urban so called ghettos like where I grew up in Harlem and Washington Heights. If you look at the metrics of health in those communities, they can be looked at as being similar to what you might call a third world country—maternal child mortality and complication rates, and health rates, immunization rates, and on and on. As you all know, the greatest indicator of the health of a person or community is socioeconomic status, so there is a tie there. When we look at those communities in the urban so called ghetto areas that typically are lower socioeconomic class, and we look and see the populations that are effected in health disparities disproportionately we see Hispanic Americans, Black Americans, and Native Americans. And the Public Health Service has the distinct opportunity privilege to serve because we also have the responsibility for the Indian Health Service.

I remember when I was teaching in graduate school at the University of Arizona, and my students finishing public health training would want to go to a third world country to learn how to practice their public health. They'd want to go to far off places and often bring brochures and say I am going to go to Africa, I want to go to Asia, I am going to go to South America, because I want to go see this. I want to go to this village and have an impact on maternal child health and mortality, or an immunization program, or a whole host of other things. I'd say wonderful, wonderful but have you considered staying here. They'd say no, no I have to go far because I need to be able to apply my skills. I'd say, "Well, why don't you just go down the road to the Tohono O'odham reservation, or the Navajo reservation, or the Pascua Yaqui reservation?" If you forget you are in the United States, you will see what a Third World country looks like. You will see people that live 20 years less than they are supposed to. You will see children that die at a young age of diseases that they shouldn't be dying of. You'll see immunization rates that are low. You'll see trauma rates that are high. So there's a lot you can do right in your own community, right here, and if you go into some parts of our cities within the country.

If you go to Appalachia, where you have large populations, mixed populations of not only minorities but of Anglos as well that are poor and sometimes destitute and the metrics of their health are down. There's another opportunity for the Medical Reserve Corps to make an impact to change the world, to improve health, to improve safety, to improve security.

To have success in prevention, preparedness, health disparities we need this common currency that's health literacy. We're largely a health illiterate country. Most people don't understand the complex health messages that they need to make good decisions to change their behavior, to improve morbidity/mortality, increase health and wellness, and decrease costs. So that's the currency. Because it's not just about a translator talking to somebody, it's about understanding the culture. It's about being able to step into the shoes of those people that we have the privilege to serve and truly understanding how they see the world. Now the military does this very well, because as we train our soldiers and public health officers as well to be deployed there is a big cultural part of their mission. When you go live in South Central America or in Asia before you go there it's made sure that not only you understand the language but the culture. How does that

particular village chief see health, wealth, dying, and disability? They have faith healers; they have medicine people that provide for them. How am I going to integrate into that community, become a credible person to change behavior, and not to offend but become complimentary to what they have? These are extraordinarily difficult things to do, because one of the biggest challenges I have as Surgeon General of the United States is not science to the people. I have as much science as I need. We still have to have research there's no question, but the pipeline is backing up with science because it's the translational element that I lack. It's taking the best science packaging it in a culturally competent manner, delivering it to the thousands of diverse communities that we have the privilege to serve so we can change that behavior and make those folks healthier.

A lot of those lessons as you know I learned really as a kid as one of those health disparities growing up without health care, not having dental care, being raised partially by abuelita who spoke no English. Being taken to the doctor by my aunts and uncles who didn't speak English and being a seven or eight year old translator for senior family members. How accurate of a history do you think you're going to get, when your aunt or uncle is telling intimate problems through a seven year old that has to tell the doctor? And that still happens today. We must be more sensitive.

But again the MRC has the opportunity/capability. Because of the fact that you are local leaders, you have credibility in your community. People know you already. You are what public health practitioners would call opinion leaders within that community, and I always use the example of my grandmother. If you could have harnessed abuelita's energy on the block as a community leader, you could have changed that block in a heart beat. Because a Surgeon General walking into one of those neighborhoods has a flash of a headline, great this guy came from Washington to talk to us, but the opinion leaders of that community that understand the culture, understand the politics, understand how the wheels turn, they can really make things happen. So I submit to you that you go into a Hispanic neighborhood and you get all the abuelitas together, and I'm not forgetting the abuelos. Those are the grandfathers. Abuelos know their place, because the abuelitas let them think they are in charge. They really ain't in charge.

And the fact is if you harness that energy you make change in that community. But you have to be willing to pay the price, the time and integrate into that community. That's why promotoras are so successful in the literature. Promotoras are health promoters. And in the Hispanic community you can take a high school graduate and teach them about teenage pregnancy, about maternal child health, about immunizations, and they will change the metrics of health in that community without a doctorate, without a masters, simply because they're knowledgeable credible people in that community. You are those knowledgeable credible people in your community. You can change the health status in those communities.

Prevention, preparedness, health disparities, health literacy—tying it all together. In the past year we tried to come out with a slogan with the MRC. We struggled we got 80 inputs. We played with it for awhile and Tosatto I think aged a couple of years with this as he was trying to figure through this. One of the things I wanted to ask all of you is I want to go back to the drawing board. The input we got wasn't broad enough to encompass the vast array of things that you all do. We really want to have a slogan that people can grab on to. You know when you say

“Semper Fi” everyone knows that’s the Marines, when you say “Be All You Can Be” you are talking about the Army. We want something like that’s going to capture the imagination that when they see the poster the logo with a few words that people go that’s the Medical Reserve Corps. I want to be part of it. So I want to capture your passion, your imagination, and get this out there. So what I’ve asked Rob to do is let’s hold off. Let’s not go forward with the one’s we have. Let’s solicit more input, so that hopefully by this time next year we can put that out there. And everybody all by then probably more than 100,000 volunteers maybe 150,000 by then and maybe about 700 or 800 MRCs are in line and say that’s what we want. Please I’m going to on behalf of Commander Tosatto and send your input to him. We want that information.

Now there’s another issue that’s come up, the whole idea of a PHS Auxiliary and that when we look at the MRC we see it as a continuum where we have various status of volunteers, MRCs being very important. The continuum goes up through our reservists and in our active duty officers. So we see, what I tell my guys, is a shelf of resources that we can pull from to take care of the needs of the nation. The MRC was thought to be local and now we’re seeing that there’s another role for it as we evolve forward. So we are going to start to use the term PHS Auxiliary as it relates to those MRC units who are willing and able to deploy when needed, still local unit, still locally driven, assistance from us and so on. We’ve carved out a new piece based on this Katrina response that we were able to recognize that there’s a wonderful national asset that in times of extraordinary need may be needed elsewhere.

So working with Commander Tosatto we’ll start to identify some of those units who would like to be considered as auxiliary and they will still be MRC but will be a deployable MRC when needed and we will call those the Public Health Service Auxiliary working alongside of our Commission Corps officers that will usually take the lead in most of these areas when we have deployments.

The future as Surgeon General and Commander of the Public Health Service and MRC, I couldn’t be prouder of what you’ve accomplished. I’m excited about our future because of the passion that you bring to the table. We are creating standards for credentialing, identification, badges, etc. We are looking at competencies that are necessary and how to keep those up. We’re looking at uniform basic training; we’re looking at a way to link this altogether through a website. We’re looking at joint training exercises. We’re looking to model after the military uniform services who use the term joint interoperability. How do we create those seamless systems? Well the Army, Air force, Navy, Coastguard all know you have to train regularly. You’ve got to be in the trenches with the people that you are going to respond with, so we’re looking to be able to move forward with joint training exercises in the future. I know that’s on Commander Tosatto’s radar screen to try and start moving those issues forward as we speak. Last but not least I told you I’d mention something about global health.

I think that one of the wonderful tangential benefits of what you are doing and the opportunity for us to interact globally with our peers is more than just health, because you have a currency that’s quite an enviable currency. It is the currency of knowledge, health, safety, and security. It’s being able to take those skills and use them in another country not necessarily directly but exporting the knowledge and the tangential benefit of that is what I call health diplomacy. Health diplomacy is called taking that information and being able to export it to countries that do need

it. Where I see the advantage here is that often when other countries don't understand us because they have different ideas driven by their ideology, by their theology, by their sense that they think they know us. But there is really a barrier there it's them and us. Often one of the best mechanisms to break down those asymmetries of health, asymmetries of wealth, asymmetries of understanding of theology and ideology; is this currency of health. We learned this back in Vietnam actually with medical civil reaction projects going into the villages winning hearts and minds. You've heard a lot of that terminology. But the fact of the matter is that as people see the real humanitarian American and you are able to break down the barriers that I have described and people see that you are truly caring and good people; less apt to lead to divisive events; less apt to lead to war and conflicts because then there's understanding.

Now we still have to have a strong military and so on, but I'm saying here's a tool that we may be able to use to improve health; but also to assist in bringing peace and stability to a very unstable world by the knowledge by this currency you have to extinguish some of these asymmetries. So, I think it's a wonderful tangential benefit that we shouldn't forget. That all of us can contribute to as we look to the future to be able to deliver a product that's more than just health, but maybe something that provides safety and security as well.

In closing, I would like to thank you for the privilege of serving with you. I am humbled everyday by the accomplishments that you continue to bring forth. There's probably not a week that goes by that I don't get a couple of emails from Commander Tosatto bragging about how many more MRCs, how many people, what we are doing, and Sir, step back we are taking over the world. And I believe him because it's incredible what you've done. It's really one of the shining lights of what we've been able to accomplish as a team.

In a world where we struggle and often don't have time and don't have budget having infinite needs and finite resources. Here's this resource that has emerged that is turning out to be one of the more important resources for the health, safety, and security of our nation. So as I said I am humbled by your accomplishments and by your presence and what you do everyday and I am convinced that our nation is healthier, safer, and more secure because of your presence. Thanks very much.

CDR Robert Tosatto (Director of Medical Reserve Corps):

I've asked Admiral Carmona to stick around for a moment we have a special presentation. I would like to invite Ed Kemper from the McHenry County MRC and Amy Anderson from the Illinois American Red Cross Chapter to come up and say a few words.

Ed Kemper:

Our team, which consisted of LT Colonel Martin Caldwell—US Army Reserve—who is a member of the Yavapai County Arizona Medical Reserve Corps. And to my left Amy Anderson who is the Illinois statewide VISTA project director for the American Red Cross. I am Ed Kemper. I am a retired fireman and paramedic from the Palatine fire department located in Palatine, IL and also a member of the McHenry County Medical Reserve Corps.

We were dispatched after the second evacuation of New Orleans to Lake Charles, LA the day before Rita hit. We were put right into the eye of the hurricane. We then spent the next seven days working in the EOC in that parish. We were the first boots on the ground. Etched on this award this tattered hurricane torn flag flew over the city of Deridder, LA. The mayor ordered the lowering of this flag by the National Guard and presented it to our team. We present this flag to you in honor of your leadership of the Medical Reserve Corps and to recognize all Medical Reserve Corps leaders and volunteers across the United States.

VADM Richard H. Carmona:

Thank you very much ladies and gentlemen. I'm going to get out of the way so you can keep your program going, because it's so important what you are doing. But this is a wonderful, wonderful, wonderful, wonderful gift. It's very special. It truly represents the best that America has. I think as you've heard I see this award as being symbolic of what each and everyone of you contribute everyday as MRC members. I think as you grow and your presence becomes even more known and your impact becomes more known, and you in fact start to be able to see the power you have in shaping healthcare and moving policy even in your own communities.

We're going to be able to accomplish even greater things as we move forward. I will keep this prominently displayed right on my desk when I get back home. So, that I remember every single day the contributions that each and every one of you make, and the sacrifices that your families make in allowing you to serve your country.

Thank you very much.